**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

| TOTAL CLAIMS   | Claims as filed - Part I   |  |   |   |                      |   |                                       |              |            | SMALL ENTITY |         | OTHER THAN |        |  |
|--|--|--|---|---|----------------------|---|---------------------------------------|--------------|------------|--------------|---------|------------|--------|--|
| NUMBER FILED   NUMBER EXTRA   S35.00   OR   SASIC FEE   710.00   | (Column 1) (Column 2)  |  |   |   |                      |   |                                       | ٦            | TYPE       |              | OR      | SMALL      | ENTITY |  |
| TOTAL CHARGEABLE CLAIMS  | TOTAL CLAIMS   |  |   | 25  |                      |   |                                       |              | RATE       | FEE          |         | RATE       | FEE    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   | FOR  |  |   | NUMBER FILED                                  |                      | NUMBER EXTRA                            |                                       |              | BASIC FEE  | 355.00       | OR      | BASIC FEE  | 710.00 |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   | TOTAL CHARGEABLE CLAIMS  |  |   |   | us 20=               | • 5                                     |                                       |              | X\$ 9=     | 45           | OR      | X\$18=     | 90     |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  **CLAIMS AS AMIENDED - PART II  **Column 1)  | INDEPENDENT CLAIMS   |  |   |   |                      |   |                                       |              | X40=       | 40           | OR      | X80=       |        |  |
| TOTAL OR TOTAL OTHER THAN SMALL ENTITY OR SMAL | MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |   |                      |   |                                       |              | +135=      |              | OR      | +270=      |        |  |
| Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR AFTER AMENDMENT PREVIOUSLY PRESENTATION OF MULTIPLE DEPENDENT CLAIM    Independent   Minus   Independent   Ind | * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |   |                      |   |                                       | Į            | TOTAL      |              | ) U     | TOTAL      |        |  |
| Column   C   |  |  |   |   |                      |   |                                       |              | ODDALL F   | - A1717V     | ,<br>   |            |        |  |
| REMAINING  |  | and the second s |   |   |                      |   | (Column 3)                            | 1 r          | SWALL      |              | OH<br>1 | SIVIALL I  |        |  |
| Column 1)   Column 2)   Column 3    Colu   | ENT A  |  | REMAINING<br>AFTER                      |   | NUM<br>PREVI         | IBER<br>OUSLY                           |                                       |              | RATE       | TIONAL       |         | RATE       | TIONAL |  |
| Column 1)   Column 2)   Column 3    Colu   | NDW  | Total  | *                                       | Minus   | **                   |   | =                                     |              | X\$ 9=     |              | OR      | X\$18=     |        |  |
| 135  | AME  |  |   | <u>i                                     </u> |                      | T CL AINA                               | =                                     |              | X40=       |              | OR      | X80=       |        |  |
| (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST   NUMBER   PRESENT   FEE   NAMENDMENT   PREVIOUSLY   EXTRA  |  |  |   |   |                      |   |                                       |              | +135=      |              | OR      | +270=      |        |  |
| Column 1)   Column 2)   Column 3    RATE   ADDI- TIONAL   FEE   TOTAL   ADDI- TOTAL   ADDI- TOTAL   AMENDMENT   PREVIOUSLY PREVIOU   |  |  |   |   |                      |   |                                       |              |            |              | OR      |            |        |  |
| CLAIMS   REMAINING   AFTER   ADDI-TIONAL   FEE   TOTAL   ADDI-TIONAL   FEE   X\$ 9=  |  |  |   |   |                      |   |                                       |              |            |              |         |            |        |  |
| HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   H135=  | ENT B  |  | CLAIMS<br>REMAINING<br>AFTER            | •   | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY                   | PRESENT                               |              | RATE       | TIONAL       |         | RATE       | TIONAL |  |
| HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   H135=  | S O S  | Total  | *                                       | Minus   | **                   |   | =                                     |              | X\$ 9=     |              | OR      | X\$18=     |        |  |
| HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   H135=  | AME  |  |   | <u> </u>                                      |                      | <del>- 01 4114</del>                    | =                                     |              | X40=       | ,            | OR      | X80=       |        |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  OH ADDIT. FEE  ADDIT. FEE  OH ADDIT. FEE  OH ADDIT. FEE  OH ADDIT. FEE  ADDIT. FEE  OR  TOTAL ADDIT. FEE  |  |  |   |   |                      |   |                                       |              | +135=      |              | OR      | +270=      |        |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AFTER AMENDMENT PREVIOUSLY PAID FOR  Total  Independent Independent If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  (Column 2) (Column 3)  HIGHEST NUMBER PRESENT EXTRA PRESENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  TOTAL ADDIT. FEE  ADDI- TIONAL FEE  X\$ 9= OR X\$18= OR ADDI- TOTAL ADDIT. FEE  OR TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  | ·  |  |   |   |                      |   |                                       |              |            |              | OR      |            |        |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  Independent Total  ADDITATIONAL FEE  ADDITATIO |  |  | (Column 1)                              |   |                      |   |                                       |              |            |              |         |            |        |  |
| REMAINING AFTER AFTER APREVIOUSLY PRID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR TOTAL TIONAL FEE TOTAL TOTAL TOTAL TOTAL TOTAL ADDIT. FEE TOTAL TOTAL ADDIT. FEE TOTAL TOTAL ADDIT. FEE TOTAL  |  | A CAMPAN STARTER   |   |   |                      |   | Toolanin o                            | <b>7</b> 1 6 |            | 4 D D L      | 1 1     | (          | 100    |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   | IDMENT C   | ·  | REMAINING<br>AFTER                      |   | PREV                 | OUSLY                                   |                                       |              | RATE       | TIONAL       |         | RATE       | TIONAL |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   |  | Total  | *                                       | Minus   |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | =                                     |              | X\$ 9=     | 7            | OR      | X\$18=     |        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   | ME   | Independent  |   | 1   |                      |   | <u> </u>                              |              | X40=       |              |         | X80=       |        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."   | <b>E</b>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                      |   |                                       |              |            |              |         |            |        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOH ADDIT. FEE  |  |  |   |   |                      | - #OP :-                                | h 0                                   | _            |            |              | OR      |            |        |  |
|  | **   | If the "Highest Nu<br>If the "Highest Nu   | mber Previously P<br>Imber Previously P | aid For" IN THI<br>aid For" IN THI            | S SPACE<br>S SPACE   | is less that<br>is less that            | an 20, enter "20.<br>an 3, enter "3." |              | ADDIT. FEE |              |         | ADDIT. FEE |        |  |